

Remarks

I. **Amendments**

Claim 1 is amended to recite that the amount of interferon-tau administered is at least about 4.8×10^8 Units/day. Basis is found in paragraph [0082].

The specification is amended to correct typographical errors.

II. **Conclusion**

Applicants believe that the claims are in condition for allowance. A Notice of Allowance is, therefore, respectfully requested.

The Examiner is invited to contact applicant's representative at 650-838-4402 as needed.

Respectfully submitted,

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